Image# 12953110874 PAGE 1 / 24

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auti	Torized Committee	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
TriWest Healthcare Alli	ance Corp. PAC (Tri	West Alliance PAC)		
<u> </u>				
ADDRESS (number and street)	16010 N. 28th Avenue			
Check if different				
than previously reported. (ACC)	Phoenix		AZ 85053 -	
2. FEC IDENTIFICATION NU	MBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲	
C C00459743		S THIS EPORT X (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M5	Aug 20 (M8) Nov 20 (Non-Electic Year Only)	iòn ´
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M6	Sep 20 (M9) Dec 20 (Non-Electic Year Only)	iòn ´
April 15		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 ((YE)
Quarterly Report (Q: July 15	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (1	12R)
Quarterly Report (Q:	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q	3)	M = M / D = D /	Y Y Y Y Y in the	-
January 31 Year-End Report (YI	E) Electio	n on	State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special ((30S)
Termination Report (TER)	Electio	n on	in the State of	
5. Covering Period 08	01 2012	through 08	31 2012	
I certify that I have examined this	s Report and to the best of	my knowledge and belief it is	rue, correct and complete.	
Type or Print Name of Treasurer	William Cahill			
Signature of Treasurer Willia	m Cahill	[Electronically Filed]	Date 09 / 20 / 2012	Y
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the person signing	this Report to the penalties of 2 U.S.C. §43	37g.
Office Use Only			FEC FORM 3X Rev. 12/2004	

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
٦	TriWest Healthcare Alliance Corp.	PAC (TriWest Alliance PAC)	
-			
R	eport Covering the Period: From:	08 01 2012 To:	08 31 / 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		44827.30
	(b) Cash on Hand at Beginning of Reporting Period	35179.20	
	(c) Total Receipts (from Line 19)	0.00	19351.90
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35179.20	64179.20
7.	Total Disbursements (from Line 31)	30809.96	59809.96
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4369.24	4369.24
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multication	andidate committee. (see FEC FORM 1M)	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

Report Covering the Period: From: 08	01 2012 To:	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	·	
(a) Individuals/Persons Other		
Than Political Committees	0.00	16713.06
(i) Itemized (use Schedule A)	0.00	7
(ii) Unitemized(iii) TOTAL (add	0.00	2638.84
Lines 11(a)(i) and (ii)	0.00	19351.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		10051.00
Totals to Line 33, page 5)▶	0.00	19351.90
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received	0.00	0.00
	0.00	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(113111 231123413 113)		, , , ,
(b) Lovin Funda (from Cabadula 115)	0.00	0.00
(b) Levin Funds (nom Schedule H5)	7	7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	19351.90
(Subtract Line 10(c) from Line 13)	0.00	13331.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinati Four to Bato
(i) Federal Share	0.00	0.00
V	200	200
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
S. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	29000.00
. Independent Expenditures		
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	, , 0.00
S. Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	30809.96	30809.96
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	00000 00	
(add Lines 28(a), (b), and (c))▶	30809.96	30809.96
O. Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30809.96	59809.96
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	30809.96	59809.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Dursements

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	19351.90
34. Total Contribution Refunds (from Line 28(d))	30809.96	30809.96
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-30809.96	-11458.06
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

1mage# 12953110879 PAGE 6 / 24

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XN Transaction ID :

The \$30,809.96 listed on line 28(a) as 'Refunds of Contributions to Individials' represents refunds issued to individuals in August for PAC contributions received during the period June 2011 through July 2012. Due to recent organizational changes at TriWest Healthcare Alliance Corporation, an internal decision was made to provide refunds to employees for contributions made to the PAC during the stated time period.

Form/Schedule: Transaction ID:

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC) Full Name (Last, First, Middle Initial) William Inazu Date of Receipt Mailing Address 5720 Harbor Pines Pt 80 01 2012 City Zip Code State Transaction ID: 6726699 CO Colorado Springs 80919-3592 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation TriWest Healthcare Alliance Advisor to President & CEO Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$2000.00 This 0.00 Other (specify) changes the YTD Total to \$0.00 Full Name (Last, First, Middle Initial) B. Elizabeth Dodd Date of Receipt Mailing Address 6731 W Oraibi Dr 08 2012 01 City State Zip Code Transaction ID: 6726700 ΑZ Glendale 85308-5504 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation TriWest Healthcare Alliance SVP, Finance Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$1300.00 This 200.00 Other (specify) changes the YTD Total to \$200.00 Full Name (Last, First, Middle Initial) c. William Cahill Date of Receipt Mailing Address 412 Idleoak Ct. 08 01 2012 City Zip Code State Transaction ID: 6726701 MD Severna Park 21146-1663 Amount of Each Receipt this Period FEC ID number of contributing 0.00 С federal political committee. Name of Employer Occupation TriWest Healthcare Alliance Director, Washington Office Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$1300.00 This 200.00 Other (specify) changes the YTD Total to \$200.00 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 8 OF 24 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC) Full Name (Last, First, Middle Initial) Frank Maguire Date of Receipt Mailing Address 12102 E Cortez Dr 80 01 2012 City Zip Code State Transaction ID: 6726702 Scottsdale ΑZ 85259-3325 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation Sr. VP, Healthcare Services TriWest Healthcare Alliance Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$2000.00 This 0.00 Other (specify) changes the YTD Total to \$0.00 Full Name (Last, First, Middle Initial) B. James G. Griffith Date of Receipt Mailing Address 5532 E Saguaro Vista Drive 08 2012 01 City State Zip Code Transaction ID: 6726703 ΑZ Cave Creek 85331 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation TriWest Healthcare Alliance VP, eBusiness Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$1300.00 This 200.00 Other (specify) changes the YTD Total to \$200.00 Full Name (Last, First, Middle Initial) **c.** Robert Wolpert Date of Receipt Mailing Address 3931 West Range Mule Drive 08 01 2012 City State Zip Code Transaction ID: 6726704 ΑZ Phoenix 85083 Amount of Each Receipt this Period FEC ID number of contributing 0.00 С federal political committee. Name of Employer Occupation VP, Controller TriWest Healthcare Alliance Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$1300.00 This 100.00 Other (specify) changes the YTD Total to \$100.00 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC) Full Name (Last, First, Middle Initial) Mark E Babbitt Date of Receipt Mailing Address 41725 North Harbour Town Way 80 01 2012 City Zip Code State Transaction ID: 6726705 Anthem ΑZ 85086 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation TriWest Healthcare Alliance Sr. VP, Corp & Field Operation Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$2470.00 This 380.00 Other (specify) changes the YTD Total to \$380.00 Full Name (Last, First, Middle Initial) B. Debra A. Cavanaugh Date of Receipt Mailing Address 42140 N. Mantle Way 08 2012 01 City State Zip Code Transaction ID: 6726706 ΑZ Anthem 85086 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation TriWest Healthcare Alliance VP, Executive Operations Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$650.00 This 100.00 Other (specify) changes the YTD Total to \$100.00 Full Name (Last, First, Middle Initial) c. William Heroman Date of Receipt Mailing Address 13645 Glencliff Way 08 01 2012 City State Zip Code Transaction ID: 6726707 CA San Diego 92130-1324 Amount of Each Receipt this Period FEC ID number of contributing 0.00 С federal political committee. Name of Employer Occupation VP, Health Plan Design & Mgmt TriWest Healthcare Alliance Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$1300.00 This 200.00 Other (specify) changes the YTD Total to \$200.00 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 10 OF 24 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC) Full Name (Last, First, Middle Initial) Lisa D Stevens Date of Receipt Mailing Address 7030 North 22nd Street 80 01 2012 City Zip Code State Transaction ID: 6726708 Phoenix ΑZ 85020 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation VP, Provider Services TriWest Healthcare Alliance Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$520.00 This 80.00 Other (specify) changes the YTD Total to \$80.00 Full Name (Last, First, Middle Initial) B. John P. Pontrelli Date of Receipt Mailing Address 10683 N 140th Way 08 2012 01 City State Zip Code Transaction ID: 6726709 ΑZ Scottsdale 85259-5500 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation TriWest Healthcare Alliance VP, Chief Security Officer Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$499.98 This 76.92 Other (specify) changes the YTD Total to \$76.92 Full Name (Last, First, Middle Initial) c. Charlotte L. Tsoucalas Date of Receipt Mailing Address 317 S Fayette St 08 01 2012 City Zip Code State Transaction ID: 6726710 Alexandria VA 22314-5902 Amount of Each Receipt this Period FEC ID number of contributing 0.00 С federal political committee. Name of Employer Occupation TriWest Healthcare Alliance Senior Advisor Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$650.00 This 100.00 Other (specify) changes the YTD Total to \$100.00 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR	R LINE	NU	IMBER	:	PAGE	 11 O	F	24
Use separate schedule(s)	(che	eck only	or or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC) Full Name (Last, First, Middle Initial) Janet E. Kornblatt Date of Receipt Mailing Address 11998 N 133rd Way 08 01 2012 City State Zip Code Transaction ID: 6726711 ΑZ 85259-3661 Scottsdale Amount of Each Receipt this Period

	FEC ID number of contributing federal political committee.	C	0.00
	Name of Employer	Occupation	
	TriWest Healthcare Alliance Receipt For: Primary General	General Counsel Aggregate Year-to-Date ▼	[MEMO ITEM] Refund(s) on Schedule B Totaling \$650.00 This
	Other (specify) \blacktriangledown	50.00	changes the YTD Total to \$50.00
В.	Full Name (Last, First, Middle Initial) Karen Jones		Date of Receipt
	Mailing Address 37237 N 19th Ave		08 01 2012
	City	State Zip Code	Transaction ID: 6726712
	Phoenix	AZ 85086-9154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.00
	Name of Employer TriWest Healthcare Alliance	Occupation VP Southwest Operations	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 70.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$455.00 This changes the YTD Total to \$70.00
C.	Full Name (Last, First, Middle Initial) Frankie Smith		Date of Receipt
	Mailing Address 644 S Rosemont		08 01 2012
	City	State Zip Code	Transaction ID: 6726713
	Mesa	AZ 85206-2145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.00
	Name of Employer	Occupation	
	TriWest Healthcare Alliance	Director	
	Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
	Primary General Other (specify) ▼	20.00	Refund(s) on Schedule B Totaling \$130.00 This changes the YTD Total to \$20.00
Г			0.00

	FOF	R LINE	NU	MBER	:	PAGE	. '	12 OF	24
Use separate schedule(s) for each category of the	(che	ck only	or or	ne)					
Detailed Summary Page	X	11a		11b		11c		12	
		13		14		15		16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC) Full Name (Last, First, Middle Initial) William J. Pokorny Date of Receipt Mailing Address 33805 North Second Street 01 2012 City Zip Code State Transaction ID: 6726714 Phoenix ΑZ 85085 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation TriWest Healthcare Alliance **Director Field Operations** Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$325.00 This 50.00 Other (specify) changes the YTD Total to \$50.00 Full Name (Last, First, Middle Initial) B. Patricia Ann Sommervold Date of Receipt Mailing Address 19616 N 68th Avenue 08 2012 01 City State Zip Code Transaction ID: 6726715 ΑZ Glendale 85308 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation TriWest Healthcare Alliance Manager CT Operations Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$65.00 This changes 10.00 Other (specify) the YTD Total to \$10.00 Full Name (Last, First, Middle Initial) c. Deborah M. Funk Date of Receipt Mailing Address 412 East Fort Avenue 80 01 2012 City Zip Code State Transaction ID: 6726716 MD **Baltimore** 21230 Amount of Each Receipt this Period FEC ID number of contributing 0.00 С federal political committee. Name of Employer Occupation Deputy Director DC Office TriWest Healthcare Alliance Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$520.00 This 80.00 Other (specify) changes the YTD Total to \$80.00 0.00 SUBTOTAL of Receipts This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

S	CHEDULE B (FEC Form 3X)		F	OR	LINE	NI	JMBER				PA	GE	13	OF	24	
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		_	k onl				_	_	_					
-		Detailed Summary Page			21b		22		23		24		25		26	
_					27		28a		28b		28c		29		30b	
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Ĺ	NAME OF COMMITTEE (In Full)	The state of any points	501						50		. 500					
$ \rangle$	TriWest Healthcare Alliance Corp.	PAC (TriWest Alliar	nce F	PA(C)											
\angle	·	,				_										
Δ	Full Name (Last, First, Middle Initial) Mark E Babbitt						Date o	of Di	shure	ame	ent					
, · · ·	IVIAIK E DAUDIII						M M		SDUISC			V	■ Y	V		
	Mailing Address 41725 North Harbour Town Way						08)1	J L		012			
	City	State Zin Code				-										
	City S Anthem	State Zip Code AZ 85086					Trans	sact	ion ID	: 6	60485	9				
	Purpose of Disbursement			_	_	1										
	Refund of Jul-Dec 2011 Contributions		C	010			Amour	nt of	Each	Dis	sburse	ment	this	Peri	od	
	Candidate Name			egor							-		247	0.00		
	Office Sought: House Disburser	nent For:	Т	ype		-	-	-	7	-	7	-		55	ч	
	Senate Disburser	Primary General					Refund	l of I	lul-Dea	c 20	011 Co	ntrihi	ution	9		
	President	Other (specify) ▼					Count	. 01 0	ai Del	U 2(011 00		auon	J		
	State: District:															
_	Full Name (Last, First, Middle Initial)						Б.	, -								
Ь.	Mark E Babbitt						Date o				ent					
	Mailing Address 41725 North Harbour Town Way					-	м = м 08	/	0)1	/ Y		012	Y		
	,	State Zip Code					Tran	Transaction ID : 6604864								
	Anthem Purpose of Disbursement	AZ 85086				-										
	Refund of Jan-Jun 2012 Contributions		(010			Amour	nt of	Each	Dis	sbursei	ment	this	Peri	od	
	Candidate Name		Cat	egor	ry/	2470.00										
	0.5			ype					7		7	-	24 /	0.00		
	Office Sought: House Disbursen Senate						5 /			_	.0.1.5. =					
	President	Primary General Other (specify)					Refund	of c	Jan-Ju	ın 2	2012 Co	ontrib	oution	IS		
	State: District:															
	Full Name (Last, First, Middle Initial)															
C.	William Cahill						Date o	of Di	sburse	eme	ent					
	Moiling Address 440 lalls - LO					-	M M	/	D		/ Y		112	Y		
	Mailing Address 412 Idleoak Ct.						08	_	U)1	4	20	012			
	,	State Zip Code					Trans	sact	ion ID) - 6	660486	5				
		MD 21146-1663					i i ai i	Ja Ul	םו ווטו.		JUU 4 00	,				
	Purpose of Disbursement Refund of Jul-Dec 2011 Contributions		(010			A no = : : :		Γα-ŀ	Б:	obe		. #le!-	D	مما	
	Candidate Name			egor	rv/		Amour	ıt Of	⊏acn	וטו	sburse	nent				
				ype			L.		7				130	0.00		
	Office Sought: House Disburser					1										
	Senate President	Primary General					Refund	l of J	Jul-Ded	c 20	011 Co	ntribu	ution	S		
	State: District:	Other (specify) ▼														
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam													s
\setminus	NAME OF COMMITTEE (In Full)													
<i> </i>	TriWest Healthcare Alliance Corp.	PAC (Ti	riWest Alliar	nce	PAC	C)								
<u></u>	Full Name (Last, First, Middle Initial)													
A.	William Cahill						Date of	f Disk	oursei	men	t			
	Mailian Address 440 LH L O					-	M M	/	D	- 1	/ Y	Y Y	Y	
	Mailing Address 412 Idleoak Ct.						08		01	Н		2012		
	City	State	Zip Code				Trans		ID		14066			
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C.	Deborah M. Funk						Date o	f Di	sburse	men'							
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	Mailing Address 412 East Fort Avenue						08		0	1		2012					
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	•	MD	21230				Tran	sact	ion ID	: 66	04972						
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	NAME OF COMMITTEE (In Full) TriWest Healthcare Alliance Corp.	PAC (Tri	iWest Allian	ce F	PΑ(C)											
Α.	Full Name (Last, First, Middle Initial) Deborah M. Funk						[Date o	f Di	sburse	eme	ent					
	Mailing Address 412 East Fort Avenue							08	/	0)1	/ Y		012	Y		
	Baltimore	State MD	Zip Code 21230					Trans	sact	ion ID):6	60497	3				
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В.	State: District: Full Name (Last, First, Middle Initial) James G. Griffith Mailing Address 5532 E Saguaro Vista Drive						[Date o		D		ent / Y		012	Y		
	City State Creek	State AZ	Zip Code 85331				Transaction ID : 6604974										
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C.	Full Name (Last, First, Middle Initial) James G. Griffith							Date o				ent					
	Mailing Address 5532 E Saguaro Vista Drive							08		0)1	/ Y		012	- Y		
	Cave Creek	State AZ	Zip Code 85331					Trans	sact	ion ID) : 6	660497	5				
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Ĺ	NAME OF COMMITTEE (In Full)			•										
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\angle	·	<u> </u>			· ,									
A.	Full Name (Last, First, Middle Initial) William Heroman					Г	Date o	f Di	sburse	emer	nt			
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	Mailing Address 13645 Glencliff Way						08		0	1	L	2012		
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	San Diego	CA 92130-1324					Trans	sact	ion ID	: 66	04976			
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	Mailing Address 5720 Harbor Pines Pt						08			1		2012	- T	
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	,	State Zip Code CO 80919-3592					Trans	sact	ion ID	: 66	604978			
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Ĺ	NAME OF COMMITTEE (In Full)													
$ \rangle$	TriWest Healthcare Alliance Corp.	PAC (TriWest Alliand	ce P	AC	;)									
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Δ	Full Name (Last, First, Middle Initial) Karen Jones					Date o	ıf Dic	huree	ment					
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	Mailing Address 37237 N 19th Ave					08		0			2012			
	City	State 7:0 C-d-			\perp									
	City Phoenix	State Zip Code AZ 85086-9154				Trans	sacti	on ID	: 6604	979				
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_	Full Name (Last, First, Middle Initial)													
В.	Karen Jones					Date o	_ `							
	Mailing Address 37237 N 19th Ave				\dashv	M = M	1	0			y = y 2012	Y		
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	•	State Zip Code						Transaction ID : 6604980						
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_	Full Name (Last, First, Middle Initial)				$\overline{}$									
C.	Janet E. Kornblatt					Date o	f Dis	burse	ment					
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	Mailing Address 11998 N 133rd Way					08	4	0	1	2	2012			
	City	State Zip Code			+				•••					
	Scottsdale	AZ 85259-3661				Trans	sacti	on ID	: 6604	981				
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A. Janet E. Kornblatt			Date of Disbursement								
Mailing Address 11998 N 133rd Way			08 01 2012								
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B. Frank Maguire			Date of Disbursement								
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Mailing Address 12102 E Cortez Dr			08 01 2012								
City	State Zip Code										
Scottsdale	AZ 85259-3325		Transaction ID : 6604983								
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Mailing Address 33805 North Second Street			08 01 2012								
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City Phoenix	State Zip Code AZ 85085		Transaction ID : 6604984								
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	Full Name (Last, First, Middle Initial)						5.	, D.							
Α.	William J. Pokorny						Date of	_ `							
	Mailing Address 33805 North Second Street						08 01 2012								
	,	State Zip C					Trans	acti	ion ID	: 660	4985				
	Phoenix Purpose of Disbursement	AZ 8508	5												
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	President	Other (specify) ▼													
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В.	Full Name (Last, First, Middle Initial) John P. Pontrelli						Date of	f Dis	sburse	ment					
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	Mailing Address 10683 N 140th Way				08 01 2012										
	Scottsdale	State Zip C AZ 8525	ode 9-5500				Trans	sacti	ion ID	: 660	4986				
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C.	John P. Pontrelli						M M		burse		V	Y Y	V		
	Mailing Address 10683 N 140th Way						08		0			2012	_ '		
	City	State Zip C	ode				Trans	eacti	ion ID	. 660	4987				
	Scottsdale Purpose of Disbursement	AZ 8525	9-5500				mana	Juoti		. 000	1001				
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/	TriWest Healthcare Alliance Corp.	PAC (TriWest Alliar	nce P	PAC	:)									
_	Full Name (Last, First, Middle Initial)													
Α.	Frankie Smith					Date o	f Dis	sburse	ment					
						M M / D D / Y Y Y Y								
	Mailing Address 644 S Rosemont							0	1	_ 2	012			
	City	State Zip Code												
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В.	Frankie Smith					Date o	f Dis	sburse	ment					
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	Mailing Address 644 S Rosemont					08		0	1	2	012			
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C.	Patricia Ann Sommervold					Date o	f Dis	sburse	ment					
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	Mailing Address 19616 N 68th Avenue					UO	٠.	Ū			012	-		
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 OF 24								
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$ \rangle$	TriWest Healthcare Alliance Corp.	PAC (TriW	lest Allian	ce PAC	;)							
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	Mailing Address 7030 North 22nd Street				30	3 ()1	201	2			
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21	CHEDULE B (FEC Form 3X)					_
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or	for commercial purposes, other than using the name	e and address of	any political	committee to	solicit contributions from such committee.	_
/	NAME OF COMMITTEE (In Full)					
	TriWest Healthcare Alliance Corp.	PAC (TriWes	st Alliance	e PAC)		
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	Full Name (Last, First, Middle Initial)					
٩.	Charlotte L. Tsoucalas				Date of Disbursement	
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	Mailing Address 317 S Fayette St				08 01 2012	
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3.	Charlotte L. Tsoucalas				Date of Disbursement	
	AA III				M M / D D / Y Y Y Y Y	
	Mailing Address 317 S Fayette St				08 01 2012	
	City	State Zip C	`odo			_
	Alexandria		4-5902		Transaction ID: 6604996	
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	Senate	Primary	General		Refund of Jan-Jun 2012 Contributions	
	President	Other (specify)	,		residing of pair pair 2012 contributions	
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	Full Name (Last, First, Middle Initial)					_
Э.	Robert Wolpert				Date of Disbursement	
	Robert Wolpert				M M / D D / Y Y Y Y	
	Mailing Address 3931 West Range Mule Drive				08 01 2012	
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	City	State Zip C	Code		Transaction ID : 6604997	
		AZ 8508	3		11alisaction iD . 0004991	
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SCHEDULE B (FEC Form 3X)		T FOR LIVE	PAGE 24 OF 24							
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NAME OF COMMITTEE (In Full)										
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A. Robert Wolpert			Date of Disbursement							
Mailing Address 3931 West Range Mule Drive		08 01 2012								
walling Addition 3831 West Range Mule Drive		00 01 2012								
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